

**California Nonresident or Part-Year Resident Income Tax Return 2005**

FORM

**Short Form****540NR C1 Side 1**

Place label here or print  Name and Address	Your first name	0033	0034	Initial	Last name	0035	0036	0015	0025	P
	If joint return, spouse's first name	0043	0044	Initial	Last name	0045	0046	0022		AC
	Present home address — number and street, PO Box or rural route					Apt. no.	PMB no.			A
	City, town, or post office (If you have a foreign address, see instructions, page 13)					State	ZIP Code			R
SSN or ITIN	Your SSN or ITIN	0048	Spouse's SSN or ITIN		0058		0059	<b>IMPORTANT:</b> Your SSN or ITIN is required.		RP

**Prior Name** If you filed your 2004 tax return under a different last name, write the last name only from the 2004 return.  
 Taxpayer 0067 Spouse 0069

**Filing Status** 1 ☐ Single 0060 @0062 0064  
 Fill in only one. 2 ☐ Married filing jointly (even if only one spouse had income)  
 4 ☐ Head of household (with qualifying person). STOP. See instructions, page 19.  
 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 0080

**Residency** 0071 ☐ State of residence: Yourself 0072 Spouse 0073  
 0074 ☐ Dates of California residency: Yourself from 0075 to 0076 Spouse from 0077 to 0078  
 0079 ☐ State or country of domicile: Yourself 0081 Spouse 0082

**Exemptions** 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ☐ 6 ☐ 0085

Enclose, but do not staple, any payment.

► For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

7 **Personal:** If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions, page 13 0090 ☐ X \$87 = \$ 0091  
 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 0095 ☐ X \$87 = \$ 0096  
 10 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.  
 \*0105 +0107 0110 0112 0115 0117 0120 0122  
 0125 0127 0130 0132 Total dependent exemptions 0135 ☐ X \$272 = \$ 0136  
 11 **Exemption amount:** Add line 7 through line 10 11 \$ 0140

**Total Taxable Income** 12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2, line C ... 12 0200  
 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 ... 13 0205  
 If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR.  
 14 Unemployment compensation and military pay adjustment. See instructions, page 13 ... 14 0208  
 17 Adjusted gross income from all sources. Subtract line 14 from line 13 ... 17 0225  
 18 **Standard deduction** for your filing status (see the left margin). If you filled in the circle on line 6, see instructions, page 14 ... 18 0230  
 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ... 19 0235

**California Taxable Income** 20 Tax on the amount shown on line 19 ... 20 0240  
 21 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 13 ... 21 0236  
 22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 ... 22a 0270  
 22b CA Prorated Standard Deduction. Multiply line 18 by line 22a ... 22b 0272  
 22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter -0- ... 22c 0274  
 23 CA Tax Rate. Divide line 20 by line 19 ... 23 0276  
 24 CA Tax Before Exemption Credits. Multiply line 22c by line 23 ... 24 0278  
 25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 ... 25 0280  
 26 CA Prorated Exemption Credits. Multiply line 11 by line 25 ... 26 0282  
 27 CA Regular Tax Before Credits. Subtract line 26 from line 24. If less than zero, enter -0- ... 27 0284

Attach a copy of your Form(s) W-2 here. If you completed CA Sch W-2, attach it to the back of your return.

Attach any Form(s) 1099 showing California tax withheld.

## Contributions

Emergency Food Assistance Program Fund	● 67	<b>0435</b>	00
CA Peace Officer Memorial Foundation Fund	● 68	<b>0436</b>	00
CA Military Family Relief Fund	● 71	<b>0442</b>	00
CA Prostate Cancer Research Fund	● 72	<b>0443</b>	00
Veterans' Quality of Life Fund	● 73	<b>0444</b>	00
CA Sexual Violence Victim Services Fund	● 74	<b>0445</b>	00
CA Colorectal Cancer Prevention Fund	● 75	<b>0446</b>	00

**76** Add line 61 through line 75. These are your total contributions ..... ● **76** 0450

<b>Refund or Amount You Owe</b>	<b>77 REFUND OR NO AMOUNT DUE.</b> Subtract line 76 from line 58. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 . . . .</b> <input checked="" type="checkbox"/> <b>77</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>0460</b>																				
	<b>78 AMOUNT YOU OWE.</b> Add line 59 and line 76. See instructions, page 14. Mail to: <b>FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 . . . .</b> <input checked="" type="checkbox"/> <b>78</b>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>0465</b>																				
Pay Online – Go to our Website at <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>	<b>0466</b>																					
<b>82</b> If you <b>do not</b> need California income tax forms mailed to you next year, fill in the circle . . . . . <input checked="" type="radio"/> <b>82</b> <input type="radio"/> <b>0477</b>	<b>0467</b> <b>0468</b> <b>0478</b>																					

**Direct Deposit (Refund Only)**

Do not attach a voided check or a deposit slip. See instructions, page 27.

Fill in the boxes to have your refund directly deposited. Routing number ..... ●

Account Type **0710** **0720** Account number ..... ●

Checking ● Savings ●

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature \_\_\_\_\_ Spouse's signature (if filing jointly, both must sign) \_\_\_\_\_ Daytime phone number (optional) (\_\_\_\_) \_\_\_\_\_ **0479**

**Sign  
Here**

It is unlawful to forge a spouse's signature.

Joint return?  
See instructions,  
page 28.

X <b>0545</b> <b>0550</b> <b>0570</b> X <b>0560</b> <b>0580</b>					Date <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	
Paid preparer's signature ( <i>declaration of preparer is based on all information of which preparer has any knowledge</i> )					Paid Preparer's SSN/PTIN	
<b>0600</b>					<b>0605</b>	
Firm's name (or yours if self-employed)			Firm's address			
<b>0610</b> <b>0615</b> <b>0620</b> <b>0625</b> <b>0630</b>			<b>0607</b>			